



Injection Drug Users

March 2005

Introduction

Since the beginning of the HIV/AIDS epidemic, injection drug use (IDU) has been a leading cause of infection. Injection drug use not only contributes to the spread of HIV through the sharing of syringes and other equipment among those who inject, but also to the sexual partners and children of injection drug users.

General Statistics:

- As of July 1, 2004, 33% (N=4,865) of people living with HIV/AIDS (PLWH/A) were reported to have a history of injection drug use (IDU). An additional 6% (N=906) of PLWH/A were exposed to HIV through IDU-related modes such as heterosexual sex with an injection drug user or as children born to an HIV-infected mother who injected drugs or had sex with an injection drug user.
- Among people diagnosed with HIV infection within the three year period 2001 to 2003, 19% (N=531) had a history of IDU and an additional 5% (N=136) were exposed through IDU-related modes.

Regional Distribution:

IDU was the leading mode of exposure in the Central and Western Health Service Regions among people living with HIV/AIDS and those recently diagnosed with HIV infection.

Among cities with over 20 people diagnosed with HIV infection within the years 2001 to 2003, the following have the highest proportions of infection due to IDU (N=number with IDU or MSM/IDU as exposure mode):

New Bedford	47%	(N=37)
Fall River	46%	(N=18)
Holyoke	38%	(N=18)
Springfield	37%	(N=66)
Worcester	27%	(N=39)
Lawrence	18%	(N=9)
Quincy	17%	(N=5)
Framingham	17%	(N=5)
Boston	14%	(N=116)
Lowell	12%	(N=10)

Gender:

- Of 4,865 PLWH/A who injected drugs, 71% were male and 29% were female. The gender distribution is very similar among people diagnosed with HIV infection with IDU exposure from 2001 to 2003: 75% male and 25% female.
- Among IDU-related exposures, females accounted for 79% and males 21% of PLWH/A. Similarly, females accounted for 76% of recent IDU-related HIV diagnoses and males 24%.
- Nationally, 25% of females living with HIV/AIDS (in 33 areas with confidential name-based HIV reporting) at the end of 2003 were estimated to be exposed through IDU¹, compared to 34% in Massachusetts.
- Nationally, 16% of males living with HIV/AIDS (in 33 areas with confidential name-based HIV reporting) at the end of 2003 were estimated to be exposed through IDU¹, compared to 28% in Massachusetts.

Note: People of undetermined risk are redistributed to an exposure category in the national estimates, but not in the Massachusetts proportions. This makes the difference between national and state proportions appear smaller than it is.

Race/Ethnicity:

- Forty percent of PLWH/A on July 1, 2004 with a history of IDU were white (non-Hispanic), 23% were black (non-Hispanic), 35% were Hispanic and 2% were of other race/ethnicities. Similarly, among people recently diagnosed with HIV infection with a history of IDU, 39% were white, 23% were black, 36% were Hispanic and 2% were of other race/ethnicities.
- Among females living with HIV/AIDS with a history of IDU, 49% were white compared to 37% of males, 27% were Hispanic compared to 39% of males, and 24% were black compared to 23% of males.

Age:

- Among persons diagnosed with HIV infection, those with a history of IDU were older than those with other modes of exposure. Four percent of injection drug users diagnosed with HIV infection within the years 2001 to 2003 were 13-24 years old compared to 8% of people exposed to HIV through all other modes of exposure.
- As of July 1, 2004, 2% of PLWH/A exposed to HIV infection through IDU (or male-to-male sex and IDU) were under 30 years old compared to 8% of PLWH/A exposed through all other modes of exposure, 24% were 30-39 years old compared to 31%; 52% were 40-49 years old compared to 41% and 22% were age 50 years or above compared to 21% of PLWH/A without a history of IDU.

HIV Related Morbidity and Mortality among IDU:

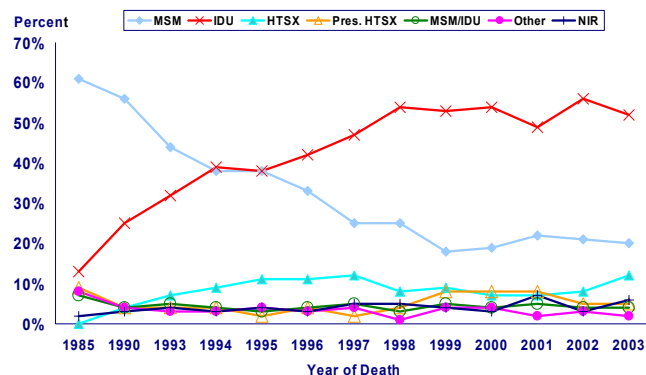
AIDS Diagnoses:

- From 1993 to 2003, injection drug use consistently accounted for the largest number of AIDS diagnoses among exposure modes.

Mortality with AIDS:

- From 1993 to 2003, the proportion of deaths among people diagnosed with AIDS represented by those who had a history of IDU rose from 38% to 56%.

Figure 1 Percent of Deaths among Persons Reported with AIDS by Mode of Exposure and Year of Death: MA, 1985-2003



Note: a dashed line is used to distinguish between data points that span multiple years and annual data points for subsequent years. Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 7/1/2003

Injection Drug Use among Youth in High School²

- In 2003, 2.2% of all respondents to the Massachusetts Youth Risk Behavior Survey reported ever using a needle to inject an illegal drug.
- As in prior years, in 2003 injection drug use was more common among males (2.9%) than among females (1.5%), but did not vary substantially by grade or by race/ethnicity.

Injection Drug Use among Program Participants:

Needle Exchange Participants³

- Among 4,428 participants in state-funded needle exchange programs in state fiscal year 2004, 33% reported being under age 20 years at first injection.

Substance Abuse Admissions⁴

- From state fiscal year 1994 to 2003, the *percentage* of admissions to state-funded substance abuse treatment reporting the use of a needle to inject drugs within a year of admission rose steadily from 18% to 30%. During this time period the *number* of admissions reporting needle use within one year more than doubled from 17,121 in fiscal year 1994 to 35,168 in fiscal year 2003.
- From state fiscal year 1994 to 2003, the percentage of admissions to state-funded substance abuse treatment for heroin addiction increased from 22% to 38% of total admissions. During this time period, the number admissions for heroin use more than doubled from 20,555 in fiscal year 1994 to 44,055 in fiscal year 2003.
- Ninety-one percent of admissions to state-funded substance abuse treatment in fiscal year 2003 who reported needle use within the past year were unemployed, compared to 76% of total admissions; 29% were homeless compared to 20% of total admissions.

Data Sources:

All HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of July 1, 2004

¹ Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report. Cases of HIV Infection and AIDS in the United States, 2003, Volume 15, 2003.

² Youth Risk Behavior Survey Data: Massachusetts Department of Education, Youth Risk Behavior Survey

³ MDPH HIV/AIDS Bureau, Prevention and Education Program

⁴ MDPH Bureau of Substance Abuse Services

Additional Reference of Interest:

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For more detailed information and a description of data limitations please see "HIV/AIDS in Massachusetts: An Epidemiologic Profile," available online at www.mass.gov/dph/aids